



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF FINANCIAL AND INSURANCE SERVICES
DEPARTMENT OF LABOR & ECONOMIC GROWTH
ROBERT W. SWANSON, ACTING DIRECTOR

LINDA A. WATTERS
COMMISSIONER

Ingham County Circuit Court Case No. 05-1472-CR

For Office Use Only:

Date Proof Received: _____

Proof of Claim #: _____

"PROOF OF CLAIM"

ULTIMED HMO OF MICHIGAN, INC. (IN LIQUIDATION)
DEADLINE FOR FILING: OCTOBER 10, 2006

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM EACH SECTION MUST BE FULLY COMPLETED. INSTRUCTIONS ARE ATTACHED. IF ADDITIONAL COPIES ARE NEEDED, PLEASE PHOTOCOPY OR DOWNLOAD FORM: www.michigan.gov/ofis, then click "Who We Regulate", then "Ultimed", then "Proof of Claim Form". FILE A SEPARATE "PROOF OF CLAIM" FORM FOR EACH UNRELATED CLAIM

PERSON OR ENTITY MAKING CLAIM AGAINST ULTIMED HMO OF MICHIGAN, INC.:

- 1 NAME: _____
- 2 MAILING ADDRESS: _____
- 4 TELEPHONE NUMBER (DAYTIME): _____
- 5 CLAIM IS FROM: (Check "X" or specify below)
 - A. ☐ Member Provide Social Security or Ultimed HMO ID No: _____
 - B. ☐ Provider Federal tax I.D. No. of Payee: _____
Social Security No. of Payee: _____ (if applicable)

Providers Note: Each member claim must be submitted on UB 92 or CMS 1500 (HCFA 1500) claim forms Also see Proof of Claim Instructions

- C. ☐ Trade Creditor for amounts owed on open account Social Security or Federal Tax I.D. No: _____
- D. ☐ All other claims - please explain and provide Social Security or Federal Tax I.D. No. : _____

6 In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim Attach additional sheets if required

7 NUMBER OF CLAIMS: _____ AND TOTAL AMOUNT OF YOUR CLAIM(s): \$ _____. If amount of claim is unknown, insert words "Unstated Amount." Provider claims amount would be based on "charges" You may amend your timely filed claim up until the final date that your claim is adjudicated Please attach all documents, contracts and invoices supporting your claim If they are voluminous, please attach a summary.

8 No part of the debt has been paid, except _____

9 There are no setoffs, counterclaims, or defenses to the debt, except _____

10 There is no security for the debt, except (identify the security and the amount secured) _____

11 Legal and factual basis for any claimed right of priority of payment: _____

The undersigned claimant affirms that the representations and information contained in this "Proof of Claim" are true and correct to the best of his, her, or its knowledge and that the claimed debt is justly owing. The claimant further understands that any statements or representations contained herein which knowingly present a false claim constitutes a criminal offense punishable under Michigan Law

Dated: _____

Claimant's Name (please print or type) _____

Signature _____

Claimants Attorney(if any): _____

Title (if applicable) _____

SEE "INSTRUCTIONS" TO COMPLETE AND SUBMIT THE "PROOF OF CLAIM" FORM